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# Drugs, Care, and Sex Work: Sex and Survival

Book chapter submitted to 'Mischievous Morality and Mobs: Essays in Honour of Geoffrey Pearson' – Editor Prof. Dick Hobbs

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## Introduction

This chapter on young people growing up in state care, vulnerability and sex work draws on research I was involved in with Professors Geoffrey Pearson and Tim Newburn in the late 1990s into the early years of the new millennium. The research was carried out as one of a handful of studies on the Economic and Social Research Council's (ESRC) 'Youth, Citizenship and Social Change' programme titled '*The Scale and Meaning of Drugs in the Lives of Young People Growing up in State Care*'. The study surveyed 400 young people living in residential or foster care and a small number of 'care leavers' across different English towns and cities, and 30 participated in a life history interview. Many of the young people had experienced multiple and disrupted care placements, backgrounds of drug and/or alcohol addicted parents, and some described teenage lifestyles that incorporated early and exploitative sexual relationships. This chapter draws to the fore some of the findings from this earlier research to contribute to the current debates and calls for improvements in responding to this problem (Jago *et al*, 2011; APPG, 2012; House of Commons Education Committee, 2014). Importantly, it is a tribute to Geoff's work on the study.

It was just a few months before Geoff's unexpected passing in April 2013, over one of our restaurant lunch's that Geoff was reflecting on the failings found to have occurred across a range of social and health care services in the case of the six young women drawn into the 'sex grooming' ring in Rochdale (RBSCB, 2013). He commented what we had found in our earlier ESRC study was as relevant today as it was then, and moreover was useful for an understanding of the circumstances in which some young people end up in these sexually exploitative relationships. He was interested in returning to this earlier research to publish some of the detail from the life history interviews. The accounts and trajectories we recorded could shed light on how some growing up pathways unfold into those of street survival, sexual exploitation, and drug and alcohol addiction as alternative care and nurture is sought away from family problems and breakdown in state childcare arrangements.

Being invited to write this chapter has been an opportunity to revisit this work and to provide commentary on the need for Social Services and other adolescent social care and health services to become more attentive and responsive to the early warning signs young people and families 'in need' occasionally call for (*cf.* Coy, 2008; Pearce, 2010; Warrington, 2010 among others). This is highly important in this era of fragmentation and partial privatisation of children's Social Services and where good leadership, responsibility and accountability are paramount. I am proud to have been asked to represent this area of Geoff's working interest and concern. He felt

irritated by the institutional failings that continue to blight the lives of some young people in the UK. Geoff and I had discussed penning some words.

This chapter connects our earlier study to the wider body of research and commentary which has been raising various questions regarding the inadequate listening to young people's voices so that appropriate and real interventions can occur when they should.

## **Background and context**

Although, commentators and campaigners have been writing on the issue of youth sexual exploitation and youth prostitution for some time, highlighting its nature and extent, and raising concerns about its hidden form, and consequent difficulties in protecting victims and prosecuting perpetrators (Pearce, 1999, 2002, 2010; Cusick, 2002; Ward and Patel, 2008; Coy, 2008, 2009; Phoenix, 2010; Melrose, 2010; Warrington, 2010; Howard League for Penal Reform, 2013 among others), the wide publicity of the 'Rochdale case' and now subsequent cases<sup>1</sup> crystallised attention to this style of youth 'sexual exploitation' in the UK.

Empirical research carried out with young people experiencing 'sexual exploitation', as well as first hand evidence that emerges from children's charities and voluntary organisations supporting vulnerable young people (ie. NSPCC and Barnardos) highlights correlations between troubled family lives and breakdown, running away and/or going missing from care, and youth drug and alcohol misuse (Smeaton, 2013; Brodie *et al*, 2011; Ward and Patel, 2008; Coy, 2008, 2009; Pearce, 2000; Cusick, 2002; Biehal and Wade, 2000 among others). Indeed, the Serious Case Review that followed the failings emerging out of the Rochdale case, provided indication that most of the six young women had disconnected family ties, had been in state care, and had various other vulnerabilities such as educational learning needs (RBSCB, 2012:20).

Given the sensitivities and difficulties with researching this group it is not surprising there is little research of this nature, but studies that come from a different angle can shed light. For example, studies of young people growing up in 'care' such as ours, studies of 'care leavers' (see Ward *et al*, 2003; Coy, 2008, 2009), studies of young people who go missing from home etc. (Rees, 2011) are examples. The latest findings from the third wave of the national study on 'young runaways' states that little seems to have changed in the scale of running away since the first survey in 1999 when it was estimated over 100,000 young people under the age of 16 were 'running away', or were forced to leave home in the UK each year (Rees, 2011). The third survey carried out with 7349 secondary school children reports that young people are at heightened risk of danger and being harmed while they are missing from home. For instance, the report found a number had slept rough, or with someone they had just met while they were away from home (*ibid.*: 16.).

The following section draws on data from our earlier study and provides information from the life history interviews to illuminate the nuanced way in which disrupted families, entry into state care, and the seeking of alternative care and nurture among older aged peers and at the street-level can interact. This material provides a real backdrop to the circumstances that some young people live with and which places them at risk of drugs misuse and risky sexual encounters. The stories provide some understanding of the complex nature and formation of sexual relationships as they occur among some vulnerable young women and the way in which drug use intertwines.

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<sup>1</sup> Since the Rochdale case other high profile cases of sexual exploitation have emerged, the most recent being the revelation that approximately 1400 young people were sexually exploited in Rotherham between the years 1997 and 2013 (Jay, 2014).

## The Young People in Care Study

Our ESRC study was carried out between January 1999 and February 2001. The 400 young people who took part were recruited from across 22 English Local Authority Social Services Departments and lived within residential children's homes (n=68), foster family placements, and as care leavers<sup>2</sup>. A sample of residential children's home staff, managers and foster carers (n=30) were also interviewed.

The young people ranged in age from 10 to 23 years, with an average age of 15.4 years. Just under half were young women (46%; n=185). Table 1.1 shows a breakdown of the sample by the care status at the time of the interview. Table 1.2 illustrates the number of care placement moves the young people had so far encountered while living in care.

**Table 1.1 Sample by accommodation type**

Type of accommodation	%	N
Residential care	46	185
Foster care	42	168
Care leaver	9	35
Secure unit	3	12
Total	100	400

## State care history

To obtain knowledge of the young people's care histories we asked how long they had been living in state care, and how many residential children's homes and foster families they had lived in since coming into care. A continuing concern in relation to the state care population is the extent to which some young people are moved from one care placement to another. Continuity in care is found to be closely correlated with improved outcomes (House of Commons Education Committee, 2014). Just under a half of the young people (42%; n=170) had been in care for two years, or less. Twenty three percent (n=91) had been in care for eight years or more, and the remainder between two and eight years. Based on the average age of 15 years, this indicated a fairly high number entered state care in their early teen years. Our life history interviews typically verified that tensions within families could arise alongside emergent and challenging adolescent behaviors, which for some resulted in entry into care.

As Table 1.2 illustrates, a third (34%; n=136) had experienced one to two placement moves, but 14% (n=54) had experienced upwards of eight different moves involving placements in both foster families and in residential units. Not surprisingly, young people found this aspect of being in care to be particularly unsettling.

*Interviewer: ..... how is it all that moving about?*

*It was really stressful, cause when you move in you make a group of friends and you start to settle down, you start getting to know the foster parents, start trusting them a little bit, then all of a sudden you have got to move, and then*

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<sup>2</sup> Young people are moved from the care system to their own accommodation between the ages of 16 to 18. From this point they are classified as 'care leavers'. Social Services are obliged to retain contact and provide support to them up to the age of 21, and older for some young people (HM Government, 2000). Due to this, age 21 became our upper age for inclusion, but one 23 year old was also included in the study.

*you have got to start all over again and start building up more trust, you feel like you are always watched all the time ....(21 year old male careleaver)*

**Table 1.2 No. of placement moves**

No. of placement moves	%	N
1-2	34	<u>136</u>
3-5	30	<u>118</u>
6-8	18	<u>71</u>
More than 8	14	<u>33</u>
Total	96	<u>379</u>

NB The figures in the table above do not add up to 100 percent due to 21 non-response cases.

It was a common understanding among state childcare professionals that the greater the degree of anti-social behaviour a young person displayed, the higher the number of care placements they were likely to experience. Residential children's home staff pointed to this becoming self-perpetuating where the more placements a young person experiences, the greater the propensity towards anti-social behaviour. It was often noted by residential children's home staff that working in residential units was becoming increasingly difficult since their day to day work involved primarily containing the most challenging young people. Further, the more anti-social a young person became, the opportunities to be accommodated within a foster family situation were reduced. Foster family placements, if indeed they go well, are considered to provide the important stability a young person needs to go on and succeed in life (SCIE).

A fifth of the sample (21%; n=80) had only ever been accommodated in a foster family home reflecting the growing trend over the decades to utilise foster care or kinship care wherever possible, rather than residential group care home living. Despite an understanding that residential care is necessary for some young people, it is commonly regarded that young people are best looked after in a family environment (Boddy, 2013; The Care Inquiry, 2013).

### **Family background**

We asked young people which members of family they had last lived with before coming into care. One fifth (20%; n=78) had been living in a household headed by both parents. Eight percent had been living with their mother and a stepfather. Owing to the sensitivity of some young people's entry into care we did not ask explicitly why they had been taken into care, but from the life history interviews it was apparent a few of them had begun experiencing conflictual relations and problems with their mother and her 'new partner'. Bebbington and Miles (1989) large scale study into the backgrounds of 2500 young people admitted into care found family composition such as growing up in a single parent household and growing up with a mother's live in partner to be a risk factor relating to entry into care. Three quarters of their sample were living in a one parent family before entry into care.

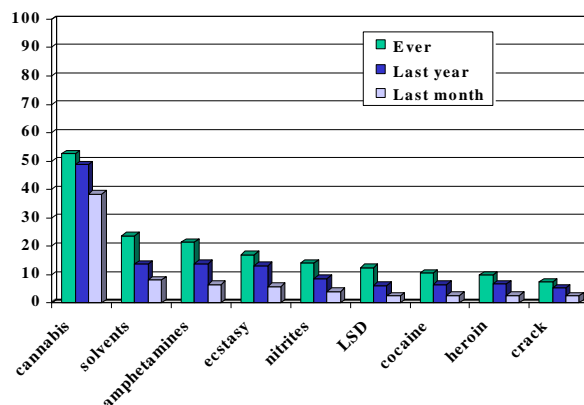
### **Drugs histories**

Since our study was centrally interested in the place and meaning of drugs in the lives of these young people, we asked them whether they had ever used drugs, how recently, and how frequent their use of drugs was. A sizable number had 'tried' a range of drugs, yet cannabis was the only substance which could be defined as being used on a regular basis. The graph below illustrates over a third (38%) had smoked cannabis in the last month and 15% (n=62) said they smoked cannabis 'most days'. Between three and seven percent had used other drugs, including cocaine, crack and heroin. These findings indicated a considerable proportion of the care sample used

drugs on a regular basis. Most drugs had been used by a larger proportion of the sample than other surveys of young people at that time reported (Parker *et al*, 1998; Ramsey *et al*, 1999). There is little more recent research for us to refer to, to verify whether a similar trend exists today. Given drug use among young people is reportedly on the decline, it may be that this is similarly the case among young people in care, but McCrystal *et al's* research (2008) found levels of drug use among young people in care to be similar to ours, thus warranting continued attention and investment in appropriate responses and services.

**Figure 1.**

## Frequency of drug use among a sample of young people living in state care



### Are drugs a problem for young people in care?

We were interested in whether any of the young people who had used, or were still using drugs had experienced any problems relating to their drug use, and if so what type of problems. A significant minority (21%) of those who had used drugs (n=255) viewed themselves as having experienced some form of lifestyle and, or health problem. Put another way, one in seven of the total sample (14%) reported having experienced problems. For the majority, such problems generally centred around disciplinary type issues such as school exclusion, sanctions within care homes or police action. Some were experiencing more serious health related issues such as drug addiction, or a general downward spiral which was negatively affecting day to day functioning. Five percent (n=14) of those who had ever used or three percent of the total sample reported having been, or being drug addicted at the time of the interview and some were battling to control addiction. Four percent (n=17) of respondents reported having injected either heroin or amphetamines at some point in their lives. As stated above, it is difficult to verify whether this situation is the same today due to a lack of systematic studies exploring these details, but it can be assumed that the problem drug user population that exists in the UK today is comprised of some young people who are living in state care, care leavers, and/or young people who have gone missing from care. The consequent specialist health needs, both physical and mental of these young people is therefore highlighted and necessarily worth consideration.

### Sex Work and Care

Our survey asked many lifestyle questions including exploring connections to youthful commercial 'sexual exploitation'. We specifically phrased the question 'have you ever received money from someone you have had sex with?' Three percent (n=12) of the young people reported they had. Table 1.3 below illustrates their characteristics. Ten were young women and almost half (n= 5) had used heroin, crack cocaine and/or powder cocaine. This had commonly

involved periods of heavy dependence. To some extent the findings of our study make apparent the risk towards sexual exploitation that is found among this population.

**Table 1.3 Young people in care who had received money from someone they had had sex with**

<i>Gender</i>	<i>Ethnicity</i>	<i>Age (average)</i>	<i>Care status</i>	<i>Ever used drugs</i>	<i>Main drug use</i>
Female 10	White 11	14 to 19 yrs (16 yrs)	Residential care 4	Yes 11	Cannabis 10
Male 2	Non-white 1		Foster care 3	No 1	Heroin 5
			Secure unit 2		Crack 4
			Care leaver 3		Cocaine 4

*NB Care status refers to the type of accommodation respondents were living at the time of the interview. Yet, it means little in terms of correlation to commercial sex since the young people had generally lived in residential as well as foster care.*

In the discussion that now follows, we focus on the experiences drawn from some of the life history interviews with these young women. From their detailed accounts we can draw some knowledge on how young people in care, or who are experiencing conflictual family relations fall through the net and end up fending for themselves at an early age.

Before providing this detail, we engage in a brief discussion on terminology because in contemporary debates of youthful sexual exploitation space is generally given over to the use of terms and how adequately, or indeed inadequately they represent the dynamics of youthful sexual relations, some of which have exploitation at their core (Pearce, 2010; Phoenix, 2010; Melrose, 2010).

### **Defining the terms**

The terminology surrounding the sale of sex has been extensively discussed (Chase and Statham, 2005; Kelly *et al*, 2000; Cusick *et al*, 2003; Melrose, 2010; Phoenix, 2010; Pearce, 2010) and is indeed a contested term with some commentators insisting on the term ‘sexual exploitation’ and others seeing it as being too reductive assigning young people to victims of abuse and denying their sense of agency in sexual relations (*cf.* Pearce, 2010). Others see underage sexual relations that are underpinned by manipulation as nothing other than sexual exploitation and child abuse. This is certainly a way it can be defined and it is argued this representation has been useful for mobilising policy responses that treat those young people involved in street-level prostitution as victims rather than offenders (Pearce, 2010). The question does remain however, whether this terminology is helpful for all understandings and discussions of this issue and the varied says and points at which interventions among those affected need to occur? I return to this point in the conclusion. Some earlier American literature refers to relationships of this type as ‘survival sex’ ties. Greene *et al* (1999) state “survival sex” refers to the selling of sex to meet subsistence needs. It includes the exchange of sex for shelter, food, drugs or money’ (*ibid.*: 1406). This term seems appropriate for the young women we write about here. In the main, the relationships they described were underpinned by early independence, and in the absence of family and formal institutional support, older aged and already independent adults were latched onto to provide shelter, care and nurture.

### **Family and state care placement breakdown**



A common scenario among the young people we interviewed was the breakdown of natural family and foster family relationships in the mid-teen years. Often in these circumstances, rather than rely on the responsibilities of statutory Social Service Departments to find replacement care provision, they had opted to draw upon already established relationships with friends, friend's families, boyfriends, and others for their physical shelter and emotional protection and needs.

Many described their growing up as involving multiple care placements in both foster families and residential care units, as well as receiving interventions by various professionals and Social Services, something in their mid-teens some now wanted to avoid. During this point of transition and indeed vulnerability, girls often referred to forming relationships with men who were 'quite a bit older' than themselves.

Broadly, we found the relationship types of the girls we centred on could be differentiated from each other in two ways. There were those who were highly vulnerable, and who during the period of transition from care to self-reliance, were naively drawn into dependent drug/sex relationships, who experienced severe exploitation and whose stories resembled the horror stories occasionally read about in the media. In contrast, there were young women able to remain in control of both the relationship and their drug use, ceasing either, or both in favour of their health and/or dignity. These young women recognised the point at which the dynamics of the relationship were changing, where more was expected of them than when the relationship had started out, and were able to curtail contact with their 'friend/boyfriend' from that point. To some degree, these young women used the relationship to their benefit, in the way it provided easy access to drugs and important company in recreational leisure time drug consumption.

Below is the case study of Leyla which illustrates her route into state care, but the way an alternative care arrangement was opted for in the face of the loneliness and stresses caused through being in care, Social Services placement decisions and a quite likely the presence of childhood trauma.

### **Leyla: Security and Exploitation**

At the time of the interview, Leyla was 17 and had recently exited from a two year period during which time she had been selling sex to provide for her, and her 'exploiter's' drug addiction. The two year period involved varied sex work experiences including sexual relations with him, working the streets with a number of clients, and at another time depending on a single wealthy client who monetarily provided for her.

At age 13 Leyla and her siblings were placed in local authority care following years of disruptive and chaotic parenting. Both parents were alcoholics. Leyla described her growing up as that where she and her brother and sister had looked after themselves and taken on the day to day care of their baby brother. Because of this responsibility Leyla's attendance at school was erratic, and eventually ceased by age 13/14. Leyla began smoking cannabis with her older brother and other local street youth at age 12/13. Social Services eventually intervened in the family removing Leyla and placing her in a residential children's home, while at the same time separating her from her twin sister who was put in a children's home in a town 30 miles away. After a brief period of living in the residential unit Leyla was accommodated in a foster family placement, but described not being able to settle, saying *'you don't feel right at somebody's house and you don't want to settle down cos you get hurt and you got to move cos if you really like staying in foster care and you get kicked out, then it hurts, cos you get close to that person and you got to change again'*. She described never being at the foster home, instead returning to her local area where she stayed wherever she could and with whoever would have her – *'when you got nowhere to stay you just doss at anybody's houses,*

*who's going to let you stay there'*. From that point, it can be said the care placement had dissolved and Social Services lost contact with her. Leyla was now living a free-wheeling lifestyle which brought her in contact with other young people in similar positions to herself. One of these was a group of differently aged people who she began shoplifting and taking harder drugs with, including heroin. Leyla was aged 14 at this point.

One night, an older aged male member of the group who the rest of them were buying their drugs from, offered for Leyla to stay at his place. Gal was 35 years old and had been using heroin for 10 years. This was the beginning of a two year period in which Leyla became trapped in a mutually dependent relationship with him, becoming heavily addicted to heroin and 'crack' cocaine and selling sex to cover the costs.

At first, Leyla described a supportive relationship in which Gal had given her heroin at no cost, and provided for her in other ways. The relationship seemed genuine and caring and there was no pressure for her to give anything in return. At the time of interview Leyla reflected on this period of her life, as one of naivety:

*'At the time I thought he was doing it to help me, he was helping me, he let me stay there, and he was doing it because he was trying to be nice but then I realised he was doing it for a reason. You ain't going to give something for nothing, are you, unless you want something in return'.*

The manipulation she went onto face in exchange for a roof over her head is expressed in the following comment:

*I couldn't go out when I wanted. ... kept me in his home, he was saying take this, take that and because I was so young and I was in his house, I couldn't do nothing and cos I needed to stay at his house, I had nowhere else to stay, I would have took anything anyway, just to stay in his house and just to keep him happy.*

After Leyla had been staying with Gal for some time, the car break-ins he was involved in landed him in trouble with the law, and saw him sent to prison. The sudden cut off of Leyla's routine drug supply through him generated problems, and in the lack of any other kind of support she began to 'work the streets' to pay for what had become a physical dependence on heroin. At this point she was aged 15.

At the time of the interview Leyla described trying hard to manage her heroin addiction and the drug treatment programme she was on, as well as having to learn how to have a normal girlfriend boyfriend relationship:

*We don't know what a proper relationship is, all we know of a relationship is getting money off men and going home and spending their money, we're trying to get into like a relationship with somebody we like, get other things normal people do, but with somebody we like, it's like really hard to get into a relationship, we think they're going to hurt us or something, it's like, I don't know it's weird.*

Leyla's twin sister Penny similarly described a dreadful experience of street-level prostitution, homelessness, drug addiction, and ill-health. She had effectively been rescued off the streets by a

voluntary sector agency doing outreach work with sex workers. At the time of the interview she too was trying hard to stay off drugs, but admitted to sometimes selling sex, for financial purposes.

*Every now and again, only when I need money like, I don't do it, like all the time, I only go out, because £20 now will last me ages, £20 for food will last me a couple of days, if I was doing gear [heroin] it would have just gone like that, but now I save my money and I buy clothes and that, try to be normal. (17 year old female careleaver)*

Wherein, these scenarios describe severe cases in terms of being lured into drug sex relationships driven by coercion, exploitation and gain, other girls found themselves on the fringes of commercial sexual relations through the friendships and leisure time drug using circles they were a part of. Carla was one of these.

### **Carla: A Close Encounter**

At the time of the interview Carla was aged 18. She was seven months pregnant to her husband who was slightly older aged 19. Carla was finding the relationship had different stresses to her previous ones, which had been with men some years older than herself. Carla grew up in South Africa until the age of 11 and had lived with her mother and her mother's boyfriend from the age of six. She found herself on her own following episodes of running away because of problems and volatility in the relationship with her mother. But, as it has sometimes been found in circumstance such as these, young people are returned to live within the family environment in which they have been encountering the problems and from which they are running. This was the case with Carla but the relationship between her and her mother finally broke down at the age of 15. At first Carla tried to avoid Social Services assistance in the form of accommodation and support, instead relying on friends and boyfriends. But due to her young age and the struggle she was facing in managing this, she was compelled to move into a foster family arrangement.

The period after Carla left home was a combination of socializing and staying at friends' places, as well as being fostered into the family of a friend, but this did not work out and she left just after her 16<sup>th</sup> birthday. Carla described meeting a boyfriend who was 12 years her senior aged 28, who along with him and her friends they lived a busy social life.

*Just used to hang about all night. I had so many friends who like either had their own flat or more or less were up all night, ..., and we just used to wander around, mess about, drink and just go and see boyfriends I suppose. ....It wasn't long after I left my mum's that I actually found a boyfriend, he was quite a bit older than me, but I used to spend most of my time with him, so I was quite happy there. Going out with him in the car, going for a drive, going to the cinema.*

Carla studied for her GCSE's and worked to survive financially and also went onto attend college where she gained two NVQ's. She had smoked cannabis from the age of 12/13 saying "it was easy to get hold of" and it was a part of the social scene she had joined as an older aged teen: *Everyone else was doing it, you were doing it, it was just part of the scene I suppose.*

In these older teen months, her main social space was a local pub where she described meeting lots of drug experienced people, such as heroin and cocaine users, and out of curiosity one day through a friend Carla tried out smoking crack cocaine. From there she described a controlled

but ritualistic period of smoking crack and drinking. This style of recreational drug using involved relationships with two older aged men who it appeared were attempting to seize an opportunity to engage Carla sexually, but she was able to read the situation and with the level of self-sufficiency and social capital she had acquired up to this point, she drew away and ended the relationships.

She describes one drug using acquaintance she got close to who she knew through a previous dealer friend as one where his feelings towards her were sexual, but were not reciprocated by her. For a time, he had respected the situation, but at a certain point Carla sensed the shift and cut the links:

*I said I don't want you round my flat no more, I've thrown your number away, it's off my phone, I don't want you coming round no more..... and I just looked at him, I said "what do you think I am -stupid? This is my way, at the end of the day I ain't never going to work for you, that's one thing you will not do." I think as far as anyone's concerned sex is sacred, know what I mean and I said that to the bloke, I just said you don't do it, you do not do it for money, you do not do it for someone else to get their money, know what I mean, you do it for love, and that's it.*

Despite his persistence, she says:

*...he phoned me up a few times and said "oh do you want to go out for a drink?" I said, look I'm busy, bye and put the phone down and it was the hardest thing to do when I'd had a really bad day and he'd phone me up and I know that there's one [rock of crack cocaine] on the other end of the phone, there's a few on the other end of the phone and I just thought I can't do it any more, I just couldn't do it...*

A common and disturbing feature of how these young women became drawn into exploitative sexual relationships with often older men, and into the drugs-sex link, was it was a direct consequence of their efforts to deal with some of the experiences of being in care, and/or coping with troubled family environments that were chaotic, abusive and/or non-existent. Being in 'care' was supposed to be a solution to these difficulties. However, in many cases the experience of care seemed to mirror and amplify earlier experiences of chaos, rejection and hurt.

It is not enough to view the way these girls found themselves in risky sexual encounters as a result of misguided relationships, youthful naivety, helplessness and desperation. We must also reach for an alternative interpretation which understands the specific life transitions through which these young people pass, and to fashion systems of public response which are more appropriate to their complex needs- which combine childhood dependence with adult precocity- and which do not expose them to even greater degrees of risk than those to which they have already been exposed.

## **Discussion and conclusion**

It is some time since this research was carried out, but it is fair to claim that some young people growing up in the state childcare system today, or young people defined as 'children in need' and young 'care leavers' will invariably be facing the same, or similar sets of circumstances to the young people written about here. It is well known that many young teenagers accommodated in state care come from troubled childhood backgrounds that in themselves cause long lasting

emotional and behavioural issues, and that once in care they can experience multiple placement moves and placement breakdowns, being accommodated in residential care units far from the areas in which they have been growing up and where family members and contacts reside etc. all of which can lead to or, at least contribute to a young person seeking solace and nurture wherever they can find it. This is sometimes in inappropriate and exploitative relationships with older aged men.

According to the Department for Education's annual statistics (DfE, 2013) there was a total of 68,110 looked after young people between the ages of 0 and 16 in England at the end of April 2013. This was a 2% increase on the previous year and a 12% increase since 2009. In fact, it is reported that the total number accommodated is the highest than at any point since 1985. There was an increase in the number of 16 year olds who came to be 'looked after' in this time period. This is put down to the *Legal Aid, Sentencing and Punishment of Offenders Act (2012)* which became statute in December 2013 (*ibid.*: 3). This Act makes it law that any young person remanded in prison or remanded in the community by the courts is to become a looked after young person and these young people will be supported by a social worker. A young person in the courts is anyone under 17 years of age. This legislative alteration could be a welcome arrival for some young people such as the ones I have just been writing about since it could provide the vital lifeline support they have been looking for, but whose life circumstances has brought them into contact with marginal characters and activities bounded by the criminal law. In the same way that some drug addicts find themselves receiving much needed dependency health treatment by coming through the criminal justice system, the same might be the case for these young people. The illegality of the street-level behaviours they have been forced into, brings them into contact with the police and criminal prosecutions, but at the same time the necessary social care and welfare sources they desperately need can be mobilised at this point. It is therefore vitally important these specialist services need investment, decent resourcing and highly skilled empathetic staffing. However, it must be noted that critics sometimes refer to the pathway into help services through the criminal justice system as the criminalisation of social policy (*cf.* Howard League for Penal Reform, 2013).

There appears to be a real desire for change and reform of the state childcare system and this is evidenced in the current House of Commons All Party Parliamentary Group (APPG) that lays out a continued commitment to acknowledge the importance of placement stability in order to arrive at positive outcomes of those in living in state care and to take on board what contributes to placement breakdowns as well as doing as much as reasonably possible to break the link between care and sexual exploitation (House of Commons, 2013; Department for Education, 2011; Department for Children Schools and Families, 2009).

Coy (2008) notes the string of policy documents and the central principles of childcare law that foreground the importance of young people's participation in placement decision-making (*ibid.*: 2008: 260). This is rooted in the findings from research highlighting the single most negative aspect of state care as appraised by young people is the instability and insecurity caused from multiple placement moves and changes. At their core, the guidance in these policy documents is to limit the number of placement changes a young person experiences, but vitally to consult with them and hear their views since Coy reiterates 'a significant element of placement stability is the young person's commitment to the placement and motivation to make it succeed' (*ibid.* 260).

It has given me great satisfaction to return to, and make use of the material we collected as a part of our study since it retains value in the way these real experiences that were reported to us reveal the complex ways some young people's existence comes to be lived out on the margins of

society and among society's marginalised. I am not by any means excusing perpetrators of sexual exploitation by referring to them as society's marginalised, thus conjuring images of disadvantaged, needy characters who in themselves are troubled and neglected and who deserve support. But, from our research it was evident the men these young women had become entangled with were themselves 'hard' drug addicts, possibly also with lifetimes of disadvantage and well-practiced street survival skills. It is enough to say, in our attempts to provide rescue packages for young women and young men experiencing sexually exploitative relationships that we make efforts to understand the multi and complex layers of dependent friendship relationships (*cf.* Pearce, 2010) as well as the power dynamics that underpin street survival, so that we can provide strong and meaningful messages and guidance for people to make their exit when they are indeed ready to.

Some of the work that is going on in the UK centres strongly on the notion of victims, victimisation and sexual exploitation, which indeed it is, but it is important to recognise the way, for a time at least, these relationships feel to the young person to be one of mutual love and care in a space of desperation and survival. It is fundamentally important to acknowledge and respect this stage since crack downs and criminalising discourses at this juncture are likely to send all parties underground.

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